

Appendix 2. Food Safety Plan Worksheets

Worksheets are recommended to document the product description, hazard analysis and preventive controls. The hazard analysis form should contain information to justify the identification of the hazards requiring preventive controls and the types of preventive controls applied. Information in the Food Safety Plan must explain the details for each preventive control.

There is no standardized or mandated format for these worksheets, but the information should be arranged in a progressive manner that clearly explains the thought process for the hazard analysis and the individual steps in the Food Safety Plan. Forms used for process preventive controls may be adapted for allergen preventive controls, but other formats are entirely acceptable if it works for your organization and contains all of the required information.

The following worksheets are provided as examples. The information is arranged in a similar manner, but the layouts are in either a landscape or a portrait form to suit individual preferences. Other forms can be adapted from those in the Food Safety Plan example.

Special Note: These worksheets can be copied for routine use, but if they are used for official use, they must include details that identify the commercial firm and related information. The additional information must include:

- Firm name and location
- Dates and, when appropriate, the time of the activity
- Product identification
- Usually, record review signature (or initial) and date

All forms can be adapted or modified as needed. There is NO required form.

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| PLANT NAME | ISSUE DATE | PAGE |
| ADDRESS | SUPERSEDES | PRODUCT CODE |
| Product Description Distribution, Consumers and Intended Use | | |
| Product Name(s) | | |
| Product Description, including Important Food Safety Characteristics | | |
| Ingredients | | |
| Packaging Used | | |
| Intended Use | | |
| Intended Consumers | | |
| Shelf Life | | |
| Labeling Instructions related to Safety | | |
| Storage and Distribution | | |
| Approved: Signature: Print name: | Date: | |

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Hazard identification (column 2) considers those that may be present in the food because the hazard occurs naturally, the hazard may be unintentionally introduced, or the hazard may be intentionally introduced for economic gain.

- B = Biological hazards including bacteria, viruses, parasites, and environmental pathogens
- C = Chemical (including radiological) hazards, food allergens, substances such as pesticides and drug residues, natural toxins, decomposition, and unapproved food or color additives
- P = Physical hazards include potentially harmful extraneous matter that may cause choking, injury or other adverse health effects

| Hazard Analysis | | | | | | | |
|---|--|---|--------------------------|--|--|--|--------------------------|
| (1) Ingredient / Processing Step | (2) Identify <u>potential</u> food safety hazards introduced, controlled or enhanced at this step | (3) Do any <u>potential</u> food safety hazards require a preventive control? | | (4) Justify your decision for column 3 | (5) What preventive control measure(s) can be applied to significantly minimize or prevent the food safety hazard? <i>Process including CCPs, Allergen, Sanitation, Supply-chain, other preventive control</i> | (6) Is the preventive control applied at this step? | |
| | | Yes | No | | | Yes | No |
| | B | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | C | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | P | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | B | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | C | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | P | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | B | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | C | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | P | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

| Process Preventive Controls – Landscape Layout | | | | | | | | | |
|--|-----------|---------------------------------------|------------|-----|-----------|-----|-------------------|--------------|---------|
| Process Controls | Hazard(s) | Parameters, values or critical limits | Monitoring | | | | Corrective Action | Verification | Records |
| | | | What | How | Frequency | Who | | | |
| | | | | | | | | | |
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| Process Preventive Controls - Portrait Format | | | | |
|---|-----------|--|--|--|
| [This is an alternate layout for process preventive control.] | | | | |
| Process Control Step | | | | |
| Hazard(s) | | | | |
| Parameters, values or critical limits | | | | |
| Monitoring | What | | | |
| | How | | | |
| | Frequency | | | |
| | Who | | | |
| Corrective Action | | | | |
| Verification | | | | |
| Records | | | | |

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| Form Name: Food Allergen Preventive Controls | | | | | | | | | |
|---|------------------|------------------|-------------------|------------|------------------|------------|--------------------------|---------------------|----------------|
| Allergen Control | Hazard(s) | Criterion | Monitoring | | | | Corrective Action | Verification | Records |
| | | | What | How | Frequency | Who | | | |
| | | | | | | | | | |
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Form Name: Food Allergen Ingredient Analysis

| Raw Material Name | Supplier | Food Allergens in Ingredient Formulation | | | | | | | | Allergens in Precautionary Labeling |
|-------------------|----------|--|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|----------------------------|-------------------------------------|
| | | Egg | Milk | Soy | Wheat | Tree Nut (market name) | Peanut | Fish (market name) | Shellfish (market name) | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

NOTE:

The above format is an alternative for an allergen specific hazard analysis. If you choose to use a form like this, then there is no need to duplicate allergen considerations in your hazard analysis chart. Duplication of information in multiple forms can create extra work and may lead to inconsistencies.

Some organizations may even choose to do an ingredient hazard analysis that considers not only allergens, but also other hazards. This may be a useful option for you.

How to Use the Chart

List all ingredients received in the facility. Identify allergens contained in each ingredient by reviewing ingredient labels or contacting the manufacturer. Any allergens listed in “May contain” or other precautionary labeling on ingredients should be listed in the last column and reviewed to determine if allergen labeling is needed on the finished product.

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Form Name: Food Allergen Label Verification Listing

| Product | Allergen Statement |
|----------------|---------------------------|
| | |
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Form Name: Production Line Food Allergen Assessment

| Product Name | Production Line | Intentional Allergens | | | | | | | |
|--------------|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|----------------------------|
| | | Egg | Milk | Soy | Wheat | Tree Nut (market name) | Peanut | Fish (market name) | Shellfish (market name) |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Scheduling Implications:

Allergen Cleaning Implications: (Required)

How to Use This Form
 Complete for each production line. Identify each allergen contained in each product produced on the line. Identify any allergens unique to a specific product, then indicate scheduling information (i.e., run unique allergens last) and allergen cleaning information (i.e., full allergen clean before running cheese or plain omelets after a biscuit run).

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Form Name: Sanitation Preventive Controls

| | | |
|---------------------|--|-------------|
| Location | | |
| Purpose | | |
| Frequency | | |
| Who | | |
| Procedure | | |
| Monitoring | | |
| Corrections | | |
| Records | | |
| Verification | | Date |

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| Corrective Action Form | |
| Date of Record: | Code or Lot Number: |
| Date and Time of Deviation: | |
| Description of Deviation: | |
| Actions Taken to Restore Order to the Process: | |
| Person (name and signature) of Person Taking Action: | |
| Amount of Product Involved in Deviation: | |
| Evaluation of Product Involved with Deviation: | |
| Final Disposition of Product: | |
| Reviewed by (Name and Signature): | Date of Review: |

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| Food Safety Plan Reanalysis Checklist | | | | |
|---|-----------------------------------|-----------------------------------|----------------------------|--|
| Reason for reanalysis: | | | | |
| Task | Date Reviewed and Initials | Is Update Needed? (yes/no) | Date Task Completed | Signature or Initials of Person Completing the Task |
| List of Food Safety Team with individual responsibilities | | | | |
| Product flow diagrams | | | | |
| Hazard analysis | | | | |
| Process Preventive Controls | | | | |
| Food Allergen Preventive Controls | | | | |
| Sanitation Preventive Controls | | | | |
| Supply-chain Program | | | | |
| Recall Plan | | | | |
| Updated Food Safety Plan implemented | | | | |
| Updated Food Safety Plan signed by owner or agent in charge | | | | |
| Reviewer Signature: | | | Date Review: | |
| Date issued: dd/mm/yy | | Supersedes: dd/mm/yy | | |